

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/18/2010  
FORM APPROVED  
OMB NO. 0938-0391

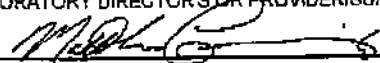
450A 12/31/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445421	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  11/14/2010
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF SPARTA			STREET ADDRESS, CITY, STATE, ZIP CODE 508 MOSE DRIVE SPARTA, TN 38583		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 054 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</p> <p>This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the smoke detectors.</p> <p>The findings include:</p> <p>Observation of the work room and the social service office on 11/14/10 at 9:30 AM, revealed the smoke detectors were installed with-in 3 ft of the air diffusers. National Fire Protection Association (NFPA). 72, 2-3.5.1</p> <p>These findings were acknowledged by the administrator and verified by the Director of Maintenance at the exit conference on 11/14/10.</p>	K 054	<p>Life Care Center of Sparta is committed to upholding the highest standards of care for its residents. This includes substantial compliance with all applicable standards and regulatory requirements. The facility respectfully works in cooperation with the State of Tennessee Department of Health toward the best interest of those who require the services we provide.</p> <p>While this Plan of Correction is not to be considered an admission of validity of any findings, it is submitted in good faith as a required response to the survey conducted November 14-16, 2010. This Plan of Correction is the facility's allegation of substantial compliance with Federal and State requirements.</p>	11/14/2010	
K 062 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the sprinkler system.</p> <p>The findings include:</p>	K 062	<p>An inspection of other smoke detectors throughout the facility was conducted and necessary changes made to ensure 3 feet of clearance between the detectors and air diffusers by the Maintenance department. Other smoke detectors were found to be in compliance.</p> <p>All work related to fire suppression and alarm system will be inspected by Maintenance Director to ensure compliance is maintained.</p> <p>Maintenance Director will inspect smoke detectors quarterly to maintain compliance until 3 continuous quarters of 100% compliance and report any discrepancies to Performance Improvement Committee,</p>	12/10/2010	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Executive Director

12/1/10

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 062	Continued From page 1 Observation of the Orchard janitor's closet on 11/14/10 at 9:40 AM, revealed boxes stored with-in the 18-inch rule of the sprinkler head. National Fire Protection Association (NFPA) 13, 5.5.6  This finding was acknowledged by the Administrator and verified by the Director of maintenance at the exit conference on 11/14/10.	K 062	K054 (Con't) consisting of Interdisciplinary Team, for further recommendations if needed.	11/14/2010	
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2.  This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the no smoking signs.  The findings include:  Observation of the Magnolia charting room on 11/14/10 at 10:10 AM, revealed oxygen stored in the room and no precautionary sign posted. National Fire Protection Association 99, 8.6.4.2  This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/14/10.	K 141	An inspection of other janitor's closets throughout the facility was conducted to ensure items in the closets were in compliance of the 18-inch rule of the sprinkler heads by the Housekeeping department. Other closets were found to be in compliance. Housekeeping staff was in-serviced on proper storage requirements by the Environmental Services Director. A red visual reminder was painted on the wall 18 inches below ceiling to remind staff not to store anything within 18 inches of sprinkler head. Director of Environmental Services will inspect the janitor's closets monthly to determine proper storage of containers until 3 continuous months of 100% compliance and report any discrepancies to Performance Improvement Committee, consisting of Interdisciplinary Team, for further recommendations if needed.	12/10/2010	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by:	K 147	A "No Smoking Oxygen in Use" magnetic sign was placed on the doorframe to the Magnolia charting room. An inspection of other rooms throughout the facility was conducted to ensure rooms with oxygen in use were identified with a magnetic sign on the doorframe. Other rooms were found to be in compliance	11/14/2010	

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K 147	Continued From page 2 Based on observation it was determined the facility failed to maintain the electrical system.  The findings include:  Observation of the Orchard med room and the Magnolia charting room on 11/14/10 at 9:55 AM, revealed the electrical panels were blocked with equipment. National Fire Protection Association (NFPA) 70, 110-26(a)  These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 11/14/10.	K 147	K141 (Con't) Permanent "No Smoking Oxygen in Use" signs were placed by the Magnolia charting room door as well as all facility resident rooms with permanent piped wall oxygen. (Rooms 300-309)  Maintenance Director will inspect room with oxygen in use for appropriate warning signs monthly until 3 continuous months of 100% compliance and report any discrepancies to Performance Improvement Committee, consisting of Interdisciplinary Team, for further recommendations if needed.  K 147 The equipment was removed from in front of the electrical panels to provide clear unobstructed access to the electrical panels in the Orchid medication room and the Magnolia charting room. Nursing associates, consisting of RNs, LPNs, & CNAs, were in-serviced on the importance of keeping the area in front of the electric panels clear by the Staff Development Coordinator. A yellow and black visual reminder was taped to the floor to remind associates not to block access to the electric panels by the Maintenance Department.  An inspection of other electrical panels throughout the facility was conducted to ensure electrical panels were clear of obstructions by the Maintenance staff. Other panels were found to be in compliance. Maintenance Director will inspect area in front of electric panels monthly until 3 continuous months of 100% compliance and report any discrepancies to Performance Improvement Committee, consisting of Interdisciplinary Team, for further recommendations if needed	12/10/2010	11/14/2010  12/10/2010